

THE STATE OF NEW HAMPSHIRE  
DEPARTMENT OF REVENUE ADMINISTRATION  
INTEREST AND DIVIDENDS TAX RETURN

1990

OFFICE USE ONLY

For the CALENDAR year or other tax year beginning Mo Day Year and ending Mo Day Year

Due Date for CALENDAR year is on or before April 16, 1991 or 15th day of 4th month after the close of the fiscal period.

## STEP 1

Place  
LABEL HERE  
Otherwise,  
please print  
or type

Last Name	First name & initial	SOCIAL SECURITY NUMBER
SPOUSE'S Last name	First name & initial	_____ - _____ - _____
Name of Partnership, Fiduciary		SPOUSE'S SOCIAL SECURITY NUMBER
Number and Street		_____ - _____ - _____
City or Town, State and Zip Code		FEDERAL IDENTIFICATION NUMBER (Partnerships & Fiduciary)
		_____ - _____ - _____

## STEP 2

Entity Type  
and Federal  
Information  
and Special  
Return Type

<b>ENTITY TYPE</b> CHECK ONE <input type="checkbox"/> INDIVIDUAL/JOINT ① <input type="checkbox"/> PARTNERSHIP ③ <input type="checkbox"/> FIDUCIARY ④	<b>FROM YOUR FEDERAL INCOME TAX RETURN</b> (INDIVIDUAL/JOINT only) A. Taxable Interest Income (line 8a of IRS Form 1040 or 1040A) . . . . . \$ _____ B. Tax-exempt Interest Income (line 8b of IRS Form 1040 or 1040A) . . . . . \$ _____ C. Dividend Income (line 9 of IRS Form 1040 or 1040A) . . . . . \$ _____
<input type="checkbox"/> INITIAL RETURN <input type="checkbox"/> AMENDED RETURN <input type="checkbox"/> FINAL RETURN <input type="checkbox"/> SHORT PERIOD RETURN	

## STEP 3

Questions

<input type="checkbox"/> Established <input type="checkbox"/> Abandoned residency in New Hampshire during 1990. . . . . Date moved _____ month day year
<input type="checkbox"/> Check here if this return includes income of a deceased taxpayer. . . . . Date of death _____ month day year
<input type="checkbox"/> Enter social security number of deceased taxpayer _____ - _____ - _____
<input type="checkbox"/> Check here if the IRS made adjustments to your Federal Income Tax Return that you have not previously reported. Submit changes under a separate cover. Use form RP-87-A.    Years covered by IRS Examination _____

## STEP 4

## COMPLETE PAGE 2 BEFORE COMPUTING TAX

## STEP 5

Figure Your  
Net Taxable  
Income

6. Gross Taxable Income from line 5, page 2. . . . . 6.	_____
7. Less: \$1,200 individual, \$2,400 Joint, \$0 others . . . . . 7.	_____
8. Adjusted Taxable Income (line 6 less line 7) . . . . . 8.	_____
<b>FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE <input type="checkbox"/> AND MAIL IN THE RETURN.</b>	
9. Check the exemptions that apply <input type="checkbox"/> Partnership <input type="checkbox"/> Fiduciary <input type="checkbox"/> Blind <input type="checkbox"/> Spouse Blind <input type="checkbox"/> 65 (or over) or disabled _____ Year of Birth <input type="checkbox"/> Spouse 65 (or over) or disabled _____ Year of Birth	
Total number of boxes checked _____ x \$1,200 = _____ 9.	_____
10. Net Taxable Income (line 8 less line 9) . . . . . 10.	_____

## STEP 6

Figure Your  
Tax, Credits,  
Interest  
and Penalty

11. New Hampshire Interest and Dividends Tax (line 10 x 5%) . . . . . 11.	_____
12. Credits: (a) Tax paid with voucher/Extension (RP-59-A) . . . . . 12(a)	_____
(b) Payments from 1990 Declaration of Estimated Tax . . . . . 12(b)	_____
(c) Credit carryover from prior years . . . . . 12(c)	_____
(d) Paid with original return (amended returns only) . . . . . 12(d)	_____
(e) Other Credits or payments (Attach Schedule) . . . . . 12(e)	_____
13. Balance of Tax Due (line 11 less line 12) . . . . . 13.	_____
14. Additions to Tax: (a) Interest (see general instructions) . . . . . 14(a)	_____
(b) Failure to Pay (see general instructions) . . . . . 14(b)	_____
(c) Failure to File (see general instructions) . . . . . 14(c)	_____
(d) Underpayment of Estimated Tax (see instructions) . . . . . 14(d)	_____

## STEP 7

Figure Your  
Balance  
Due or  
Overpayment

15. Total Balance Due (line 13 plus line 14) If less than \$1.00 do not pay . . . . . 15.	_____
(Make check payable to: State of New Hampshire)	
16. OVERPAYMENT. . . . . 16.	_____
17. Apply Overpayment to: (a) Credit on 1991 estimate . . . . . 17(a)	_____
(b) Refund — Please allow 12 weeks for processing . . . . . 17(b)	_____

## STEP 8

Signature

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which he/she has knowledge.

Signature of taxpayer	Date	Signature of paid preparer other than taxpayer	Date
If joint return, BOTH husband and wife must sign even if only one had income		Preparer's Identification Number	

STEP 9  
If You Use  
a Preparer

For next year, instead of receiving an Interest and Dividend Tax Booklet, do you wish to receive just a mailing label that you can give to your preparer? If yes, check here <input type="checkbox"/>
If we have a question may we contact your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No
TAXPAYER'S SIGNATURE

**TAX YEAR 1990**

PART D – OTHER INCOME SUBJECT TO INTEREST & DIVIDEND TAX (See Instructions)		
ENTITY TYPE	PAYER'S IDENTIFICATION NUMBER	NAME OF PAYER

**4. Total Part D**

**5. Enter Total Taxable Amounts From Column 2, Parts A, B, C & D here**  
 Also, enter same amount on line six (6) page one of this return

\$	
\$	
\$	